## **DOCKET NO. UM 1822**

# Cover Sheet for Submission of 2017 Annual ETC Certification Reports

Name o River P	f Eligible Telecommunications Carrier: Eagle Telephone System, INC dba Snake CS
Filing d	ate: 6/30/2017
Is this:	Original submission? X OR Revised submission?
Person t	to contact for questions:
Nan	ne: Brandi Sangster
Pho	ne number: 541-893-6115
E-m	ail address: eagle@eagletelephone.com
Docume	ents included in this filing (please check applicable items):
_	CAF/ICC Support (47 CFR § 54.304)
-	Rate Floor Data (47 CFR § 54.313(h))
_	_X Form 481 (High-cost per 47 CFR § 54.313, Low-income per 54.422) <sup>1</sup>
-	HUBB Portal Broadband Information <sup>2</sup>
_	_X Form 690 (Mobility Fund per 47 CFR § 54.1009)
_	X Affidavit for High-Cost Support

Filing deadlines: The Oregon deadlines for filing items required by 47 CFR § 54 are the same as the deadlines for filing with the FCC. The notarized affidavit for high-cost support must be filed no later than the due date for the FCC Form 481. Based on current information, it appears that all items other than CAF/ICC support data are due by July 3, 2017. The CAF/ICC support data is due on the same day as the ETC's interstate access tariff filing (see FCC DA 17-258 for dates).

<sup>&</sup>lt;sup>1</sup> Lifeline-only ETCs must provide all information specified in 47 CFR § 54.422(b) even if the ETC does not submit this information to the FCC.

<sup>&</sup>lt;sup>2</sup> Federal Price Cap carriers only.



USAC Home | High Cost Program | Search Tools | Form 481

#### **CONFIRMATION**

## Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on Fri 30 Jun 17 02:03:32 PM EDT by mike@eagletelephone.com .

SAC:

539007

498 ID:

143034497

Carrier Name : EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS

Program Year: 2018

A confirmation email will be sent to the email address on record for your user ID. Please email USAC at HCCERTS@USAC.ORG if you do not receive this email within 24 hours.

Please take this quick survey and give us your thoughts! Your feedback will help improve the filing process. Take Survey

Return to 481 Search Print Confirmation Page

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Website & Privacy Policies

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<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
:020>	Program Year	2018
	Contact Name: Person USAC should contact with questions about this data	Brandi Sangster
	Contact Telephone Number: Number of the person identified in data line <030>	5418936115 ext.
	Contact Email Address: Email of the person identified in data line <030>	eagle@eagletelephone.com

	vice Outage Re ection Form	eporting (Voic	æ)						OM	Form 481 B Control No. 30 2013
<010>	Study Area Co	ode				539007			•	
<015>	Study Area Na				······································	EAGLE TELEP	HONE SYSTEMS, INC.	. DBA SNAKE RIVER	PCS	
<020>	Program Year					2018			· · · · · · · · · · · · · · · · · · ·	
<030>	Contact Name	e - Person USA(	should contac	t regarding this	data	Brandi Sang	ster			
<035>	Contact Telep	hone Number	- Number of pe	rson identified	in data line <0	30> 5418936115	ext.			
<039>	Contact Email	Address - Ema	il Address of pe	erson identified	in data line <0	)30> eagle@eagle	telephone.com			
<210>	For the prior	r calendar yea	ar, were there	any reportal	ole voice serv	ice outages?	No			
<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)
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	fulfilled Service Request lection Form	FCC Form 481 OMB Control No. 30 July 2013
<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com
<300> U	Infulfilled service request (voice)	0
<310> [	Detail on attempts (voice)	
	Nai	me of Attached Document
<320>	Unfulfilled service request (broadband)	
<330>	Detail on attempts (broadband)	
		Name of Attached Document

(400) Number of Complaints pe	r 1,000 customers		FCC Form 481
			OMB Control I July 2013

<010>	Study Area Code 539007
<015>	Study Area Name  BAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020>	Program Year 2018
<030>	Contact Name - Person USAC should contact regarding this data  Brandt Sangeter
<035>	Contact Telephone Number - Number of person identified in data line <030> 5418936115 ext.
<039>	Contact Email Address - Email Address of person identified in data line eagle@eagletelephone.com <030>
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<410>	Complaints per 1000 customers for fixed voice
<420>	Complaints per 1000 customers for mobile voice 0.0
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<440>	Complaints per 1000 customers for fixed broadband
<450>	Complaints per 1000 customers for mobile broadband

	npliance With Service Quality Standards and Consumer Protection Rules ection Form	FCC Form 481 OMB Control No July 2013
<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com
<500>	Certify compliance with applicable service quality standards and consumer pro	tection rules Yea
		539007line510certservicequality2017.pdf
<510>	Descriptive document for Service Quality Standards & Consumer Protection Ru	les Compliance
<515>	Certify compliance with applicable minimum service standards	

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(600)	Fund	ionali	tu in	Fme	rdenc	v Citu	iatio	nc -	
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Data (	Collec	tion F	orm	ta ing	3000	MUSINE.	24 500		
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FCC Form 481 OMB Control No. 30 July 2013

<610>	Descriptive document for Functionality in Emergency Situations	539007line610certifyingemergencyfunct.pdf
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<020>	Program Year	2018
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<010>	Study Area Code	539007

<b>新港(图)</b> (2)。	MGCIIOT COM	OMB Control No. 3060- July 2013
<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data li	ine <030> 5418936115 ext.
<039>	Contact Email Address - Email Address of person identified in data	
<701>	Residential Local Service Charge Effective Date 1/1/2017	
<702>	Single State-wide Residential Local Service Charge 23.32	

FCC Form 481

<702>	Single State-wide Residential Local Service Charge

<703>

(700) Price Offerings including Voice Rate Data

<a1></a1>	<a2></a2>	<a3></a3>	        	sb25.00	        	≼b4>	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Ex Service (
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<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com

<91>	<a2></a2>	<b1>&gt;</b1>	<b2></b2>	(c)	<d1></d1>	≼d2>	<d3></d3>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage /
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(800) Op	erating Companies				FCC Form 481
Data Col	lection Form				- OMB Control No.
					July 2013
<010>	Study Area Code		539007		
<015>	Study Area Name				
<020>	Program Year		EAGLE TELEPHO 2018	ONE SYSTEMS. INC. DBA	SNAKE RIVER PCS
<030>		USAC should contact regarding this data	Brandi Sangst		
<035>		ber - Number of person identified in data line <030>	5418936115 ex		<u> </u>
<039>		Email Address of person identified in data line <030>	eagle@eaglet	elenhone.com	
**					
<810>	Reporting Carrier	Eagle Telephone System, INC dba Snake River	PCS		
<811>	Holding Company	Eagle Telephone Systems, Inc.			
<812>	Operating Company	Eagle Telephone System, INC dba Snake River	PCS		
<813>		<a>1 <a>31 &lt;</a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a>	100	<a2></a2>	<a33< th=""></a33<>
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<010> Study Area Code <015> Study Area Name <020> Program Year <030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> <090> Does the filing entity offer tribal land services? (Y/N) No	A SNAKE RIVER PCS
<015>       Study Area Name       EAGLE TELEPHONE SYSTEMS, INC. DB.         <020>       Program Year       2018         <030>       Contact Name - Person USAC should contact regarding this data       Brandi Sangster         <035>       Contact Telephone Number - Number of person identified in data line <030>       5418936115 ext.         <039>       Contact Email Address - Email Address of person identified in data line <030>       eagle@eagletelephone.com	A SNAKE RIVER PCS
<020>       Program Year       2018         <030>       Contact Name - Person USAC should contact regarding this data       Brandi Sangster         <035>       Contact Telephone Number - Number of person identified in data line <030>       5418936115 ext.         <039>       Contact Email Address - Email Address of person identified in data line <030>       eagle@eagletelephone.com	
<035> Contact Telephone Number - Number of person identified in data line <030> 5418936115 ext. <039> Contact Email Address - Email Address of person identified in data line <030> eagle@eagletelephone.com	
<039> Contact Email Address - Email Address of person identified in data line <030> eagle@eagletelephone.com	
<900> Does the filing entity offer tribal land services? (Y/N)	
· · · · · · · · · · · · · · · · · · ·	
<910> Tribal Land(s) on which ETC Serves	
<920> Tribal Government Engagement Obligation  Name of A	Attached Document
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to  § 54.313(a)(9) includes:  Select Yes or No or Not Applicable	
<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	
<922> Feasibility and sustainability planning;	
<923> Marketing services in a culturally sensitive manner;	
<924> Compliance with Rights of way processes	
<925> Compliance with Land Use permitting requirements	
<926> Compliance with Facilities Siting rules	
<927> Compliance with Environmental Review processes	
<928> Compliance with Cultural Preservation review processes	
<929> Compliance with Tribal Business and Licensing requirements.	

ta Coll	oice and Broadband Service Rate Comparability ection Form	FCC Form 481 OMB Control No: 3 July 2013
:010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com
<1000>	Voice services rate comparability certification Not.	Applicable
1010>	Attach detailed description for voice services rate comparability compliance	
		Name of Attached Document

Name of Attached Document

<1020>

<1030>

Broadband comparability certification

Attach detailed description for broadband

comparability compliance

# 12 Year St. 19 Co. 20 Year St. 19 Co. 19 C	o Terrestrial Backhaul Reporting lection Form	FCC Form 481 OMB Control No. 3060-098 July 2013
<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DEA SNAKE RIVER PCS
_<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps

Lifeline	erms and Condition for Lifeline Customers  ection Form	20 22 3		FCC Form 481 OMB Control No. 3060-09 July 2013
<010>	Study Avon Code	· · · · · · · · · · · · · · · · · · ·		Annual Control of the
<015>	Study Area Code Study Area Name	_	539007	
<020>	Program Year		EAGLE TELEPHONE SYSTEMS, INC. I	DBA SNAKE RIVER PCS
<030>	the second secon		2018	
<035>	Contact Name - Person USAC should contact regarding this data		Brandi Sangeter	· · · · · · · · · · · · · · · · · · ·
	Contact Telephone Number - Number of person identified in data line			
<039>	Contact Email Address - Email Address of person identified in data lin	ie <030	0> eagle@eagletelephone.com	<del>-</del>
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		lifelinebasicserviceadposter2017.p	df
				Name of Attached Document
<1220>	Link to Public Website	HTTP _	www.eagletelephone.com	
or the we	neck these boxes below to confirm that the attached document(s), on line 12 bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	10,		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<b>√</b>		
<1222>	Details on the number of minutes provided as part of the plan,	<b>√</b>		
<1223>	Additional charges for toll calls, and rates for each such plan.	<b></b>	İ	
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	ice Cap Carrier Additional Documentation ection Form	FCCForm 481 DMB Control N
Including	Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carriers	- JUN/2013
<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com
		a compliance as a recipient of Incremental High Cost current High Cost

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the docum

# **Incremental Connect America Phase I reporting**

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.		
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		<del> </del>
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

Data Collection F	Carrier Additional Documentation orm Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. Huly 2013
<2016>	Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband America Phase II Reporting {47 CFR § 54.313(e)}	
<2017A>	Connect America Fund Phase II recipient?	
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.	
<2018>	Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)	

Data Collect	ionForm			₽ ØMB Con July 2013
	h		<del></del>	
<010>	Study Area Code		539007	
<015>	Study Area Name		EAGLE TELEPHONE SYSTEMS	S, INC. DBA
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this o	data	Brandi Sangster	r
<035>	Contact Telephone Number - Number of person identified in	data line <030>	5418936115 ext.	
<039>	Contact Email Address - Email Address of person identified in	n data line <030>	eagle@eagletele	ephone.c
financial r	m the drop down menu or check the boxes below to eporting requirements set forth in 47 CFR 54.313(f)( below is accurate.	note compliance (2). I further cert	e with 54.313(f)(1). Privately ify that the information rep	held carriers orted on this
(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}			
(3010B)	Please Provide Attachment	Name of Attach	ed Document Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}			
(3012B)	Please Provide Attachment		ed Document Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	Information (Yes/No)	0 0	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	0 0	
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:			
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)			
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attache Information	ed Document Listing Required	
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	(Yes/N	(a) O O	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3020)	Document(s) for Balance Sheet. Income Statement			

(3005) Rate Of Return Carrier Additional Documentation

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A chief shall	Control of the Contro			· · · · · · · · · · · · · · · · · · ·	IV 2013
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3578 (981)					THE SECOND SECON
Data	Collection Form				MB Control No.: 3060-0986/OMB Control No.: 3060-0819
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(300:	<ol> <li>Rate Of Return Carrier Addition</li> </ol>	al Documentation (Continued)		Company of the compan	CForm 481
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<010>	Study Area Code	539007	
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com	

•	
Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	
	1

<010>	Study Area Code	539007
<015>	Study Area Name	EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER P
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data l	
<039> Contact Email Address - Email Address of newson identified in the fire and		line <030> eagle@eagletelephone.com

#### 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a community anchor institutions, and provide a list of locations where broadband has been deployed.

# Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must pro

**4001**. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

# Community Anchor Institutions - FCC 14-98 (paragraph 79)

**4003**a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

# If yes to 4003A, please provide a response for 4003B.

**4003b**. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

## Broadband Deployment Locations - FCC 14-98 (paragraph 80)

**4004a**. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

**4004b.** Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information —

|--|

<010>	Study Area Code	539007
<015>	Study Area Name	BAGLE TELEPHONE SYSTEMS, INC. DEA SMAKE RIVER PCS
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

# Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or Li Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS Signature of Authorized Officer: CERTIFIED ONLINE Date 06/30/2017 Printed name of Authorized Officer: Michael Lattin Title or position of Authorized Officer: President Telephone number of Authorized Officer: 5418936115 ext. Study Area Code of Reporting Carrier: 539007 Filling Due Date for this form: 07/03/2017 Persons willfully making felse statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	tlon - Agent / Carrier lection Form	FCCForm 481
	Color Colored Color (1980) State (1980) Section Colored Colore	OMB Control No. 3050-0386/OMB Control No. 3050-0819 UNIV 2013
<010>	Study Area Code	539007
<015>	Study Area Name	RAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier		
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:		
Printed name of Authorized Officer:	Date:	
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form can be punished by fine under Title 18 of	or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment f the United States Code, 18 U.S.C. § 1001.	

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier		
l, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for the data reported herein based on data provided by the reporting carrier; and, to the best of my	universal service support recipients on behalf of the reporting carrier; I have provided knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:	8.4	
Name of Authorized Agent Employee:	Date:	
litle or position of Authorized Agent or Employee of Agent	·	
elephone number of Authorized Agent or Employee of Agent:		
study Area Code of Reporting Carrier: Filing Due Date for	this form:	
Persons willfully making false statements on this form can be punished by fine or forfeiture under t 18 of the United States Co	he Communications Act of 1934, 47 U.S.C. \$6 502 503(h) or fine or imprired months.	

Attachments



USAC Home | High Cost Program | Search Tools

Form 690

#### CONFIRMATION

#### Congratulations. Your filing has been successfully certified.

Filing 2 was successfully certified on Wed 28 Jun 17 03:12:45 PM EDT by mike@eagletelephone.com.

SAC:

538001

498 ID:

143037281

Carrier Name: Eagle Telephone System, Inc.

Program Year: 2017

Filing Type: Annual Reporting

A confirmation email will be sent to the email address on record for your user ID. Please email USAC at HCCERTS@USAC.ORG if you do not receive this email within 24 hours.

Please take this quick survey and give us your thoughts! Your feedback will help improve the filing process. Take Survey

Return to 690 Search

Print This Page

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Website & Privacy Policies

4. 洗灯 数。 文	Fund - \$54.1009 Annual Reporting lection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	538001
<015>	Study Area Name	Eagle Telephone System, Inc.
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Brandi Sangster
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5418936115 ext.
<039>	Contact Email: Email of the person identified in data line <030>	eagle@eagletelephone.com
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filling (Y/N) <040>
	<041> Attach a description of the documents file	ed with the Form 481 reporting <041>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting <042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov.	er tribal lands? Yes or No)

## Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form	FCC Form 690
100		Approved by OMB
Facility (Control		OMB Control No.: 3060-1185
Company of		Page 2 of 8
<010>	Study Area Code	538001
<015>	Study Area Name	Bagle Telephone System, Inc.
<020> <030>	Program Year  Contact Name - Person USAC should contact regarding	2017
<035>	Contact Telephone Number - Number of person ident	Could have been considered to the constant of
<039>	Contact Email Address - Email Address of person iden	AT ALL PLANCE
		Hiled in data line <030> eagle@eagletelephone.com
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder	
<110>	FCC Registration Number	4523817
<111>	Filing Carrier Name	Eagle Telephone System, INC
<112>	Winning Bidder Carrier Name	
<113>	Street Address (or PO Box)	Eagle Telephone System, INC
		PO Box 178
<114>	City	Richland
<115>	State	OR
<116>	Zip-Code	97870
<117>	Telephone Number	5418936115 ext.
<118>	Fax Number	5418936903
<119>	Email Address	
		eagle@eagletelephone.com
Čamba ab Im	formation.	
Contact In		1
41.705		
<120>	Name (First, MI, Last, Suffix)	Brandi Sangster
<121>	Filing Carrier Name	Bagle Telephone System, INC
<122>	Street Address (or PO Box)	PO Box 178
<123>	City	Richland
<124>	State	OR
<125>	Zip-Code	97870
<126>	Telephone Number	
<127>	Fax Number	5418936115 ext.
<128>	Email Address	5418936903
\120>	Enall Address	eagle@eagletelephone.com
Authorized	Agent Information	
	if no agent, indicate in this box	
<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	<u> </u>
	•	
<133>	City	
<134>	State	
	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

THE RESIDENCE	verage and Performance Report	Ap proved by OMB OMB Control No. 3060-1185
<010>	Study Area Code	Page 3 of 8
<015>	Study Area Name	Eagle Telephone System, Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com
<140>	Coverage and Performance Report Year 07/2013 - 12/2013	

BagleDriveTest\_538001.z1p, eagle538001propagationstudy.zip,
Eagle538001\_Undrivable.zip

Coverage and Performace attachments

<141>	<a1></a1>	<a2></a2>	 <i>4</i> 64×	26.00					
<141>		County	Resident Population per	Resident	Population	Road Miles per Census	Road Miles per Census Block Newly	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
			(	See attach	ed worksl	neet			

	100		90
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compliance	FCC Form 690 (Approved by OMB) OMB Control No. 3060:1185 Page 4 of 8
<010> Study Area Code <015> Study Area Name	538001
<020> Program Year	Eagle Telephone System, Inc.
<030> Contact Name - Person USAC should contact regarding this data	2017
<035> Contact Telephone Number - Number of person identified in data line <030>	Brandi Sangster 5418936115 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	eagle@eagletelephone.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

certify that I am an officer or employee of form and in any attachments is accurate.	f the reporting carrier; my respons	ibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier: Eagl	e Telephone System, Inc.	
signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/28/2017
rinted name of Authorized Officer:	Michael Lattin	Date 00/26/2017
itle or position of Authorized Officer:	President	
elephone number of Authorized Officer:	5418936115 ext.	
tudy Area Code of Reporting Carrier:	538001	Filing Due Date for this form: 07/03/2017

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
carrier. I also certify that I am an officer or employee of the repo authorized agent; and, to the best of my knowledge, the reports a Name of Authorized Agents.	Is authorized to submit the information reported on behalf of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
Name of Authorized Agent:	and data provided to the authorized agent is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	<u></u>
Printed name of Authorized Officer or Employee:	Date:
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be puni unde	ished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment er Title 18 of the United States Code, 18 U.S.C. § 1001.

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

	lle Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authorized to su lata provided by the reporting carrier; and, to the best of my knowle	bmit the certification on behalf of the reporting carrier; I have provided the data reported herein based on edge, the information reported herein is accurate.
lame of Reporting Carrier:	
lame of Authorized Agent Firm:	
ignature of Authorized Agent or Employee of Agent:	
lame of Authorized Agent Employee:	Date:
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agent:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Trib	al Lands Reporting		good Cooks on	FCG Form 690
	<ul> <li>A supplied of the property of the</li></ul>			Approved by OMB
				OMB Control No. 3060-1185
350 250 172-15				Page 5 of 8
<010>	Study Area Code		538001	
<015>	Study Area Name	·	Eagle Telephone System, Inc.	
<020>	Program Year	· · · · · · · · · · · · · · · · · · ·	2017	
<030> <035>	Contact Name - Person USAC should contact regarding t Contact Telephone Number - Number of person identifie	his data	Brandi Sangster	
<039>	Contact Felephone Number - Number of person identifie Contact Email Address - Email Address of person identifie	ed in data line <	4020s	
			<pre><us><us><us><us><us><us><us><us><us><us< th=""><th></th></us<></us></us></us></us></us></us></us></us></us></pre>	
<142>	State			
-1.425	Country			
<143>	County -			
<144>	Tribal Land(s) on which ETC Serves			
	· ·			
				·····
<145>	Tribal Government Engagement Obligation			6 1
		Name of Attached	d Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, N	o, Not Applicab	ole) for	
	each of these boxes to confirm the status described on the PDF, on line 145, demonstrates coordination with the Tr	ne attached		
	government pursuant to § 54.1004 includes:	IDdi		
	,			
			Select	
			(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a focu	ıs on Tribal		
•	community anchor institutions;			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			

<152>

<153>

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes <154> Compliance with Tribal Business and Licensing requirements.

(090) Projec	t Update Information	FCC Form 690
		Approved by OMB
		QMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	538001
<015>	Study Area Name	Eagle Telephone System, Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	> eagle@eagletelephone.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	12/31/2013
<202>	Total Mobility Fund Support Awarded	7589.40
<203>	Total Mobility Fund Support Disbursed	7589.40
		· · · · · · · · · · · · · · · · · · ·
<210>	Actual Completion Date	12/31/2013
		12/31/2013
<211>	Project Status Description (attached)	538001_OR-Project Description for Area #9505.pdf
		1.200 · gal
		·
	Share dead there is a first of the same of	{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	1
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	

<215> <216>

<217>

**Project Budget Status** 

<218> Network will Support 3G/4G Mobile Service?

**Project Plan Status** 

		Page 7 of 8
<010>	Study Area Code	538001
<015>	Study Area Name	Eagle Telephone System, Inc.
<020>	Prógram Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster
<035>	Contact Telephone Number - Number of person identified in data line <030>	5418936115 ext.

eagle@eagletelephone.com

FCC Form 690 Approved by OMB OMB Control No. 3060-118

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Contact Email Address - Email Address of person identified in data line <030>

(101) Certification - Reporting Carrier

<039>

#### Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Eagle Telephone System, Inc. Name of Reporting Carrier: CERTIFIED ONLINE Date 06/28/2017 Signature of Authorized Officer: Michael Lattin Printed name of Authorized Officer: President Title or position of Authorized Officer: 5418936115 ext. Telephone number of Authorized Officer: 538001 07/03/2017 Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

		OMB(Control No. 3060-1185). Page 8 of 8
<010>	Study Area Code	538001
<015>	Study Area Name	Eagle Telephone System, Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Brandi Sangster

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

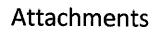
<035> Contact Telephone Number - Number of person identified in data line <030> 5418936115 ext.
 <035> Contact Email Address - Email Address of person identified in data line <030> eaqle@eaqletelephone.com

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my re agent; and, to the best of my knowledge, the reports and dat	is authorized to submit the information reported on behalf of the reporting carri asibilities include ensuring the accuracy of the data reporting requirements provided to the authorized avided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

(102) Certification - Agent / Carrier

	Certification of Agent Author	ized to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
l, as ar report	igent for the reporting carrier, certify that I am authorted herein based on data provided by the reporting	rized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided arrier; and, to the best of my knowledge, the information reported herein is accurate.	the data
Name	e of Reporting Carrier:		
Name	e of Authorized Agent Firm:		
Signat	ture of Authorized Agent or Employee of Agent:	Date:	
Name	e of Authorized Agent Employee:		
Title o	or position of Authorized Agent or Employee of Agent		
Teleph	hone number of Authorized Agent or Employee of Ag	ent:	
Study	Area Code of Reporting Carrier:	Filing Due Date for this form:	
	Persons willfully making false statements on this form of	an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisor 18 of the United States Code, 18 U.S.C. § 1001.	nment under Title



					12 (A. 1924) 12 (A. 1924)			un en	FCC Api ÓN	C Form 690 proved by OMB 1B Control No: 3060
)>	Study	Area Code					The second secon			
<b>5</b> >		Area Name				5380				
)>	Progr	am Year			<del></del>	Eagle	e Telephone Syste	m, Inc.		
)>	Conta	ict Name - Pe	erson USAC should	contact regard	ing this data	2017				
<u> </u>		er rejebilott	e Number - Numbe	or of norces ide.			di Sangster 936115 ext.			
>_		or eman wat	n 655 - CHIMH WUULD	SS At narcan ida	ntified in data l	ine <030> eagle		COM		
<039>       Contact Email Address - Email Address of person identified in data line <030>       5418936115 ext.         <140>       Coverage and Performance Report Year       07/2013 - 12/2013										
	<a1></a1>	<92>	<a3></a3>	 613	<62> €	 kd3>	<c1></c1>	<c2> &gt;</c2>	<c3></c3>	**
	State OR	County Baker	Census Block T41001950500	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
ŀ		<del> </del>	<u> </u>	120	108	120	58.38	52.54	52.54	Yes
-	<u> </u>									
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Percentage of Total Population Reached by Service

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Percentage of Total Road Miles covered by Service

90	

## AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, Mike Lattin, being of lawful age and duly sworn, on my oath, state that I am the President of Eagle Telephone System, d.b.a. Snake River PCS and that I am authorized to execute this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are true to the best of my knowledge, information and belief.

Pursuant to the requirements of the Federal Communications Commission, 47 C.F.R. § 54.314, Eagle Telephone System, d.b.a. Snake River PCS hereby certifies to the Public Utility Commission of Oregon that it is eligible to receive federal high-cost support for the program years cited.

I attest that all federal high-cost support provided to Eagle Telephone System, d.b.a. Snake River PCS in Oregon was used in the preceding calendar year (2016) and will be used in the coming calendar year (2018) only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

DATED this 28th day of June, 2017.	
2 1	ficer's Name) ficer's Title)
SUBSCRIBED AND SWORN to before me this $2$	8 day of <u>June</u> , 2017.
Brand Itno Jangster	· 
Notary public in and for the State of <u>Oregon</u> My Commission Expires: July 25, 2020	OFFICIAL SEAL  BRAND! ANN SANGSTER  NOTARY PUBLIC - OREGON COMMISSION NO. 952211

COMMISSION NO. 952211 MY COMMISSION EXPIRES JULY 25, 2020

# AFFIDAVIT CERTIFYING EMERGENCY FUNCTIONALITY AND COMPLIANCE WITH SERVICE QUALITY AND CONSUMER PROTECTION MEASURES 54.313(a)(5) AND 54.313(a)(6)

J. Mike Lattin, being of lawful age and duly sworn, on my oath, state that I am the President of Eagle Telephone System, Inc. d.b.a. Snake River PCS and that I am authorized to execute this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are true and accurate to the best of my knowledge, information, and belief.

The Company hereby certifies to the **Oregon Public Utility Commission**, **Federal Communications Commission**, and the **Universal Service Administrative Company** pursuant to the requirements under 47 C.F.R. 54.313(a)(5) and 54.313(a)(6) that in the provisioning of wireless voice services:

- 1) Snake River PCS has established operating procedures designed to facilitate compliance with applicable consumer protection rules.
- 2) Snake River PCS has established operating procedures designed to facilitate compliance with the <a href="CTIA Consumer Code">CTIA Consumer Code for Wireless Carriers</a>.
- Snake River PCS has established operating procedures designed to facilitate compliance with service quality standards which may include customer remedies and improvement plans.
- 4) Snake River PCS is able to remain functional in emergency situations including a reasonable amount of back-up power to ensure functionality without an external power source, the ability to re-route traffic around damaged facilities, and the capability to manage traffic spikes resulting from emergency situations.

DATED this 28th day of June 2017.					
Eagle Telephone System, Inc. d.b.a. Snake River PCS					
By:					
Mike Lattin					
President					
SUBSCRIBED AND SWORN to before me this 28 day of June 2017.  Brank Ann language.  Notary Public in and for the State of Oregon					
My Commission Expires: July 25, 2020					



# AFFADAVIT CERTIFYING COMPLIANCE WITH SERVICE QUALITY AND CONSUMER PROTECTION MEASURES 54.313(a)(5) AND 54.313(a) (6)

J. Mike Lattin, being of lawful age and duly sworn, on my oath, state that I am the President of Eagle Telephone System, Inc. d.b.a. Snake River PCS and that I am authorized to execute this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are true and accurate to the best of my knowledge, information, and belief.

The Company hereby certifies to the **Oregon Public Utility Commission**, **Federal Communications Commission**, and the **Universal Service Administrative Company** pursuant to the requirements under 47 C.F.R. 54.313(a)(5) and 54.313(a)(6) that in the provisioning of wireless voice services:

- 1) Snake River PCS has established operating procedures designed to facilitate compliance with applicable consumer protection rules.
- 2) Snake River PCS has established operating procedures designed to facilitate compliance with service quality standards which may include customer remedies and improvement plans.
- 3) Snake River PCS uses the CTIA Consumer Code for Wireless Carriers as a guideline for providing our customers with information to help them make informed choices when selecting wireless service. We disclose all of our rates and terms of service to the customer, in the form of plan pamphlets and information on our website. We have maps available that show where our service is generally available. We provide contract terms to customers and confirm changes in service. We allow a 30 day trial period for all new service connects. We provide specific disclosures in our advertising. We separately identify carrier charges from state and federal taxes on our billing statements and we also disclose said taxes on our website and plan pamphlets. We provide the customer the right to terminate service for changes to contract terms. We provide ready access to customer service with our telephone number and customer service contact information on our website and billing statements. We respond to customer inquiries and complaints from government agencies within 30 days of receiving complaints from any such agency. We abide by federal CPNI laws regarding customer privacy. We provide customers with free notifications for voice, data and messaging usage and international roaming. We clearly disclose tools and services for the customer to track, monitor and/or set limits on their voice, messaging, roaming and data usage.

DATED this	28 <sup>th</sup> day of _	June	, 2017.
Eagle Telepho	ne System, Inc.	d.b.a. Snake R	liver PCS
ву:	Cast :		_
	Mike Lattin		
	President		

SUBSCRIBED AND SWORN to before me this _28+10 day of _	June .2017.
Notary Public in and for the State of Oregon	
Notary Public in and for the State of Oregon	
My Commission Expires: July 25, 2020	OFFICIAL SEAL BRANDI ANN SANGSTER NOTARY PUBLIC - OREGON COMMISSION NO. 952211
<b>v</b>	MY COMMISSION EXPIRES JULY 25, 2020